



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone	Cell Phone	E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for			Trade License #	How Long?	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Dates From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Dates From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Dates From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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****We request a copy of your Driver's License and Trade License at the time of your application****



To: _____

Date: _____

Attn: _____

Pre-Employment Background Inquiry Disclosure Notice

This is to inform you that, as part of our procedure for processing your employment application, D. DuBaldo Electric Co., LLC may hire Capital City Credit Co. to conduct a pre-employment inquiry.

In making this application for employment, it is understood that an inquiry of your past employment, criminal and credit history may be made, whereby information is obtained through contact with individuals with whom you are acquainted and past employment supervisors. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this inquiry.

I, _____ am making an application for employment at D. DuBaldo Electric Co., LLC, and as a result I have freely consented to a background inquiry to determine my eligibility for the position.

Therefore the person, employer, institution, agency or department named above, or any authorized representative of said entity, is authorized to conduct the inquiry.

I hereby release, discharge, exonerate and hold harmless the entity, its employees, agents, heirs and assigns from all liability, in any form brought about by the release of any information about me.

Name: _____ **S.S.#:** _____

Address: _____

Applicant's Signature: _____

Date: _____

A photocopy of this release authorization will be considered as effective and valid as the original.